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UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

Benjamin Holmes

13 Civ. 0754 <sup>7</sup> (LAP)

(In the space above enter the full name(s) of the plaintiff(s).)

SECOND  
AMENDED  
COMPLAINT

-against-

The City of New York, et al.

Jury Trial: ☒ Yes ☐ No  
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name Benjamin Holmes  
Street Address P.O. Box 764  
County, City Bronx  
State & Zip Code New York 10469  
Telephone Number 347-313-6258

- B. List all defendants. You should state the full name of the defendant, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name Department of Homeless Services, Yvonne Ballot  
 Street Address 33 Beaver Street  
 County, City New York  
 State & Zip Code New York 10004  
 Telephone Number 1-212-607 6203

Defendant No. 2 Name Security Division Facility M.D.C.  
 Street Address 125 White Street  
 County, City New York  
 State & Zip Code New York 10013  
 Telephone Number \_\_\_\_\_

Defendant No. 3 Name The people of the State of New York  
 Street Address 100 Center St.  
 County, City New York  
 State & Zip Code New York 10013  
 Telephone Number 1-212-335-9195

Defendant No. 4 Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 County, City \_\_\_\_\_  
 State & Zip Code \_\_\_\_\_  
 Telephone Number \_\_\_\_\_

## II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

A. What is the basis for federal court jurisdiction? (check all that apply)

☒ Federal Questions

☐ Diversity of Citizenship

B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue?

my Constitutional Rights was Violated By These People and I have the Right to defend my self - This was a Law pass two hundred year ago.

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship United States

Defendant(s) state(s) of citizenship United States

### III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

- A. Where did the events giving rise to your claim(s) occur? D. H. S. Officer Cedric Brown, Shield 173. with holding information, video tapes  
Right now D.H.S. is with holding information on this case
- B. What date and approximate time did the events giving rise to your claim(s) occur? on January 28, 2012 at about 19:15 hours A man bump in to me and I said Sorry and keep walking. He said I touch his ass. I said I didn't touch your ass he start putting on gloves on his hands and I run away.
- C. Facts: I wait for a while to go and get D.H.S. and was jump by the same man  
on January 28-2012 at about 7:15 pm I went into this facility were I reside a man bump in to me and toll me that I touch his ass then He starter to put on some gloves as he was putting the gloves on I run away to my bed. I weight for 30 minutes and I went to get some help from D.H.S officer I was attack by the same man. I to defense my self.  
I was arrested for Assault on the Second Degree by D. H. S. Officer by a Mr Cedric Brown Shield #173 and Det. David Santos on January 28-2012 at 7:15 pm the officer ask me what happened I toll him to look at the tape and you will see what happened. And I toll him what happen. I ask Mr. Brown for Medical attention I get no Medical attention. I was handcuff to a bench all night. Officer Brown went home Came back the next morning to resume the arrested. the time explain everything. I have all of document.

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

### IV. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. I have a mitral valve disorder I am on 17 medication to maintain this valve. D.H.S. never take me to the Hospital wend I ask to go - Rikers Island Take me to Elmhurst Hospital two time for bleeding and INR. I was in Bellevue Hospital two time. the last time I visit Bellevue Hospital I had a drip on the left side of me. I ask the doctor if He hair the drip He said yes. wend He Chamen me. This is all because of D.H.S. because D.H.S. want to violate me.

## V. Relief:

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation. I am asking for Three hundred and Sixty Five Million Dollar. because of my Constitutional Rights was violate as a American citizen because I ask to see a Grand Jury I was denied, and I was denied Medical Attention, No viewing of the tapes that D.H.S. have of the camera that is install in the facility. I no that Grand Jury would have pull this tapes this is why I had to be lockup for 6 months I think I need a nother operation I would not find this out and tell I go to South Carolina. Bside a lots of things are happening to me in New York I would like to stay here for my family but cant. with bleeding inside my body. I cant find the doctor that did first operation anywhere. This is why I am asking for this kind of money so my family would be well taken care of. If I should die on the operating table.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Signature of Plaintiff

Mailing Address

Benjamin J. Helmer  
P.O. Box 764  
Brand Nox. 10469

Telephone Number

Fax Number (if you have one)

347-313-6258

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.

For Prisoners:

I declare under penalty of perjury that on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, I am delivering this complaint to prison authorities to be mailed to the Pro Se Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Inmate Number

Benjamin Helmer  
883-2012

Judge your Honor

I receive the second Amended Complaint from on 5/28/2013 I don't no if I have enough time but please excuse me for being late. Your Honor my Constitutional right violate by these people by destroyed documents and tapes and stole my personal stuff from me and Phosphide documents. and when I ask D.H.S. for copies of documents they tell me to get a lawyer I cannot afford and attorney and they no this. this is they excuse for not giving me the document I ask for. I need does document to proof my self wend I come to Court. I ask a lot of attorney for help they turn down. so I need some help with this situation

Thank you your Honor  
7/8/13 by Benjamin Holmes  
Benjamin Holmes

CLERK  
UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK  
COURTHOUSE - 500 PEARL STREET  
NEW YORK, NY 10007

OFFICIAL BUSINESS

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